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PETERSFIELD URBAN DISTRICT COUNCIL



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**ANNUAL REPORT**  
OF THE  
**MEDICAL OFFICER of HEALTH**  
AND  
**PUBLIC HEALTH INSPECTOR**

for the year

**1958**

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THE URBAN DISTRICT COUNCIL OF PETERSFIELD

Chairman of the Council  
(1958-59)

+ Mr. J. G. Vince

Vice-Chairman  
Mrs. A.A. Hayes

Members of the Council  
(1958-59)

Mr. P. L. Burley	Mr. H. C. Jacobs
+ Brigadier P.R. Antrobus	+ Mr. K. A. Oates
Mr. G. J. Bassett	+ Major-General H.T. Tollemache
+ Mr. R. H. Fielder	Mr. M. R. Urquhart
Mr. K. Gammon	Rear Admiral H.R.M. Woodhouse

Chairman of the Health Committee  
Major-General H. T. Tollemache

+ Members of the Health Committee

PUBLIC HEALTH OFFICERS

Medical Officer of Health  
S. Chalmers Parry, M.A., Cantab., M.R.C.S., L.R.C.P., D.P.H.

Public Health Inspector and Meat and Food Inspector  
F. G. Bradley, M.A.P.H.I., (Cert. Meat and Foods, R.S.H.)

Clerk (part time)  
Miss T.F. Smyth



PETERSFIELD URBAN DISTRICT COUNCIL

To the Chairman and Members  
of the Petersfield Urban District Council.

Town Hall,  
Petersfield.

I have the honour to present the Annual Report for the year 1958 on the health and sanitary circumstances of the Urban District of Petersfield. It is drafted in accordance with the requirements of the Ministry of Health.

Apart from measles, there was practically no notifiable infectious disease during the year.

In March, the last of the Hungarian Refugees left West Mark Camp. During the period of twelve months since the opening, no less than 545 Refugees passed through the Camp.

Tribute should be paid, not only to the efficient work of the resident staff, but also to that of all the voluntary workers who so willingly gave their services during the emergency.

Vaccination against poliomyelitis commenced on a large scale as the supplies of vaccine became available.

There has been no case of diphtheria in the district during the past fifteen years; but, in the country as a whole, for the first time in 14 years, there has been a rise in the incidence of diphtheria.

Parents are again reminded that children should be immunised before their first birthday and should receive their first supplementary injection, preferably, just before school age.

I am grateful to Mr. Bradley for his valuable co-operation and assistance in compiling this report and also for his help in the administration of the Health Department.

*S. Chalmers Perry.*

Medical Officer of Health,  
Petersfield Urban District Council.



## STATISTICS OF THE AREA

Area	...	...	...	...	...	...	...	2,771 acres
Rateable Value at 1.4.1959	...	...	...	...	...	...	...	£111,720
Estimated Product of a penny rate 1959/60	...	...	...	...	...	...	...	£434
"Home" Population, mid-1958	...	...	...	...	...	...	...	7190
Number of inhabited houses and flats	...	...	...	...	...	...	...	2383

## NATURAL AND SOCIAL CONDITIONS OF THE AREA

The district is situated in Eastern Hampshire bordering on West Sussex.

The predominant geographical features are the South Downs which lie to the south, and Stoner Hill district which lies to the west.

Petersfield is a market town and shopping centre for the surrounding districts.

The district is mainly residential but there are a few light industries - the principal one being a rubber works.

The open space known as The Heath includes a boating lake, cricket ground, tennis courts and golf course.

Playing fields are provided at Love Lane and children's play-grounds are situate at Bell Hill and Sheet.

## LEGISLATION

### The Clean Air Act, 1956 (Appointed Day) Order, 1958

This order brought into operation, on the 1st June, the remaining provisions of the Act, including the prohibition of dark smoke from chimneys, measures for dealing with grit and dust from furnaces, and the abatement of smoke nuisances.

### The Dark Smoke (Permitted Periods) Regulations, 1958

These regulations, which came into force on 1st June, specify the permitted periods for the emission of dark smoke.

### Slaughterhouses Act, 1958

Came into force on 1st August, this Act deals with the licensing of private slaughterhouses, the safety, health and welfare of employees, and the methods of slaughter.

The Act also brings all slaughterhouses within the scope of the Factories Acts.

### Slaughter of Animals Act, 1958

An Act to repeal and consolidate several previous Acts.

### Slaughterhouses (Hygiene) Regulations, 1958

These regulations impose upon the occupiers of slaughterhouses requirements as to the construction, layout, drainage, equipment maintenance, cleanliness, ventilation, lighting, water supply, management of personnel hygiene. Certain of the Regulations, applying to the construction and lighting of existing slaughterhouses, will not come into operation until dates appointed by the Ministry.

### Slaughter of Animals (Prevention of Cruelty) Regulations, 1958

Re-enacts several previous Regulations, the principal new provisions are, that stunning-pens are made compulsory for the slaughter of cattle on such dates to be appointed, certain provisions for the care of animals in lairages, and conditions for the licensing of slaughtermen.

# VITAL STATISTICS

## BIRTHS

	1957			1958		
	M.	F.	Total	M.	F.	Total
Live Births (Legitimate)	59	39	98	62	69	131
(Illegitimate)	2	1	<u>3</u>	2	1	<u>3</u>
Total Live Births			<u>101</u>			<u>134</u>

Live Birth rate per 1,000 of the estimated "Home" population (mid-1958) was 18.6 compared with 16.4 for the whole of England and Wales.  
 Illegitimate live births per cent of total births - 2.3

	1957			1958		
	M.	F.	Total	M.	F.	Total
Still Births (Legitimate)	1	1	2	1	-	1
(Illegitimate)	-	-	<u>-</u>	-	-	<u>-</u>
Total Still Births			<u>2</u>			<u>1</u>

Still Birth rate per 1,000 total (live and still) births was 7.4 compared with 21.6 for the whole of England and Wales.

## DEATHS

	1957			1958		
	M.	F.	Total	M.	F.	Total
From all causes	48	45	93	41	60	101

Death Rate per 1,000 estimated "Home" population was 14.0 compared with 11.7 for the whole of England and Wales.

## MATERNAL MORTALITY

	1957	1958
Pregnancy, Childbirth and Abortion	Nil	Nil
From other Puerperal Causes	Nil	Nil

Maternal Mortality rate per 1,000 total (live and still) births 0.0

## INFANT MORTALITY (deaths under one year)

	1957			1958		
	M.	F.	Total	M.	F.	Total
Legitimate	1	1	2	1	-	1
Illegitimate	-	-	<u>-</u>	-	-	<u>-</u>
Total Infant Deaths			<u>2</u>			<u>1</u>

Infant Mortality Rate per 1,000 live births was 7.4 compared with 22.5 for the whole of England and Wales.



The number of deaths of infants under the age of one year per 1,000 live births is known as the infant mortality rate for that year

This rate for each calendar year is not regarded as a reliable guide, for the number of births in the District is insufficient to be of significance statistically, but if this rate is taken over a period of five years it may then be considered reasonably reliable. High rates are commonly associated with overcrowding and defective sanitation.

It is therefore satisfactory to report that during the past fifteen years the quinquennial rates for this district have been consistently lower than the figures for the country as a whole.

The following table shows the rate for the district as compared with the rate for England and Wales, each over a five-year period.

Year	Petersfield U.D.C.				England and Wales		
1942	...	...	31.88	...	...	...	52.0
1943	...	...	34.07	...	...	...	50.0
1944	...	...	34.12	...	...	...	46.6
1945	...	...	34.76	...	...	...	45.0
1946	...	...	36.71	...	...	...	42.0
1947	...	...	32.41	...	...	...	39.2
1948	...	...	26.35	...	...	...	35.9
1949	...	...	19.85	...	...	...	33.3
1950	...	...	11.45	...	...	...	30.6
1951	...	...	10.51	...	...	...	29.2
1952	...	...	14.85	...	...	...	28.2
1953	...	...	11.32	...	...	...	26.88
1954	...	...	13.11	...	...	...	25.76
1955	...	...	17.26	...	...	...	24.24
1956	...	...	13.78	...	...	...	23.96

The infant mortality rate for the year under review was 7.4 compared with 22.5 for England and Wales.

The corresponding figure for 1957 was 19.8 compared with 23.0 for England and Wales.

# CAUSES OF DEATH

	Male	Female	Total
1. Tuberculosis of Respiratory System . . . . .	-	1	1
2. Other forms of Tuberculosis . . . . .	-	-	-
3. Syphilis . . . . .	-	-	-
4. Diphtheria . . . . .	-	-	-
5. Whooping Cough . . . . .	-	-	-
6. Meningococcal Infections . . . . .	-	-	-
7. Acute Poliomyelitis . . . . .	-	-	-
8. Measles . . . . .	-	-	-
9. Other Infective and Parasitic Diseases . . . . .	-	-	-
10. Malignant Neoplasm, Stomach . . . . .	2	-	2
11. " " Lung, Bronchus . . . . .	4	1	5
12. " " Breast . . . . .	-	4	4
13. " " Uterus . . . . .	-	-	-
14. Other Malignant & Lymphatic Neoplasms . . . . .	2	3	5
15. Leukaemia, Aleukaemia . . . . .	-	-	-
16. Diabetes . . . . .	1	-	1
17. Vascular Lesions of Nervous System . . . . .	11	16	27
18. Coronary Disease, Angina . . . . .	4	9	13
19. Hypertension with Heart Disease . . . . .	1	1	2
20. Other Heart Diseases . . . . .	7	10	17
21. Other Circulatory Diseases . . . . .	2	2	4
22. Influenza . . . . .	-	-	-
23. Pneumonia . . . . .	1	1	2
24. Bronchitis . . . . .	-	4	4
25. Other Diseases of Respiratory System . . . . .	-	1	1
26. Ulcer of Stomach and Duodenum . . . . .	1	-	1
27. Gastritis, Enteritis and Diarrhoea . . . . .	-	-	-
28. Nephritis and Nephrosis . . . . .	-	2	2
29. Hyperplasia of Prostate . . . . .	-	-	-
30. Pregnancy, Childbirth, Abortion . . . . .	-	-	-
31. Congenital Malformations . . . . .	-	-	-
32. Other Defined and Ill-defined Diseases . . . . .	5	4	9
33. Motor Vehicle Accidents . . . . .	-	-	-
34. All other Accidents . . . . .	-	1	1
35. Suicide . . . . .	-	-	-
36. Homicide and Operations of War . . . . .	-	-	-
	<u>41</u>	<u>60</u>	<u>101</u>

# ANALYSIS OF THE CAUSES OF DEATH - ACCORDING TO AGE

## Causes of Death

## Age Groups

	0-1	1-10	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80-90	90-100	Total
	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	
Malignant Neoplasms -												
Stomach							1			1		2
Lungs							2	1	1			5
Breast							1	2	1			4
Other Malignant Neoplasms							1	2				5
Diabetes									1			1
Vascular Lesions of Nervous System												
Coronary Disease -							1	3	4	3	1	27
Angina								1	2	1		13
Hypertension with Heart Disease									1			2
Other Heart Diseases					1			3	1	2	1	17
Other Circulatory Disease									1	1		4
Pneumonia							1	1	1	1		2
Bronchitis								2		1		4
Other Diseases of Respiratory System									1			1
Ulcer of Stomach and Duodenum												
Nephritis									1	1		1
Other Defined and Ill-defined Diseases							1	1	1			2
All other Accidents	1							1	1	2	1	9
Tuberculosis								1				1
	1			1		1	5	10	13	10	1	101



## GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

### AMBULANCE FACILITIES

All applications for the use of ambulances should now be directed to the Ambulance Officer, Fareham (Telephone: Fareham 2170) who arranges for the most conveniently situated ambulance to attend.

Smallpox cases (suspected or confirmed) requiring transport to hospital will be conveyed by the County Ambulance Service by arrangements made through the Bed Admission Office (Telephone: Winchester 2261).

### HOSPITAL CAR SERVICE

The use of this service may be obtained through the Ambulance Officer (Telephone: Fareham 3626).

### LABORATORY FACILITIES

Bacteriological work is carried out by the Public Health Laboratory at the Royal Hampshire County Hospital, Winchester (Tel. Winchester 3807) and specimens of clinical materials (Sputum, swabs, etc.) and samples of water, milk and foodstuffs are sent for bacteriological examination to Dr. M. K. Hughes Director of the Public Health Laboratory. Specimens may be deposited in the sample box placed outside the laboratory, or they may be left at the Main Hall of the Royal Hampshire County Hospital at any time when the laboratory is closed. At week ends, and on public holidays arrangements are made for dealing with specimens during the morning and evening. Urgent specimens can be dealt with at any time and the Director, Doctor M. H. Hughes, is available at Twyford 3349 for telephone consultation when he is not in the laboratory.

Some specimens in connection with cases of infectious diseases which have been admitted to the Portsmouth Infectious Diseases Hospital, are sent for bacteriological examination to Dr. K. Hughes Director of the Public Health Laboratory, Milton, Portsmouth (Tel. Portsmouth 74531). These may be left at the Porter's Lodge, of the Infectious Diseases Hospital, at any time. Urgent specimens can be dealt with, when the laboratory is closed, by telephoning the technician on call at St. Mary's Hospital (Portsmouth 22331).

Samples of water, sewage, milk, etc. for chemical analyses are sent to the City Analyst, Portsmouth (Tel. Portsmouth 5482)

## NURSING IN THE HOME

There are two district nurse/midwives practising in Petersfield. Mrs. M. C. Lapper, S.R.N., S.C.M., (Queen's Nurse) 153 The Causeway, Petersfield (Tel. Petersfield 628), carries out her duties in south Petersfield; Miss E. M. Belshaw, S.R.N., S.C.M., 22 Queens Road, Petersfield, (Tel. Petersfield 676) serves Stroud, Sheet and north Petersfield.

## HEALTH VISITING SERVICE

Miss E. J. Read, S.R.N., S.C.M., A.R.S.H., Church Cottage, West Meon (Tel. West Meon 315) carries out the Public Health work in the district under the direction of the County Medical Officer of Health.

## MATERNITY CASES

The Grange Nursing Home, Liss, and Northlands Maternity Home, Emsworth, are available for the admission of maternity cases. Applications are generally made to the County Medical Officer who arranges for a home visit by the Health Visitor.

## HOME HELP SERVICE

Petersfield Divisional Office is situated at the rear of the Town Hall, Petersfield (Tel. Petersfield 771, extension 18) and is open Mondays to Fridays 9 a.m. to 12 noon and Saturdays 9.30 - 10 a.m. when Mrs. Holmes, or her clerk Mrs. Eaton, will be available. Applications for Home Help should be made to this office.

The area covered by the Petersfield Division consists of Petersfield Urban and Rural Districts, Droxford Rural District and Alton Urban and Rural District.

## CLINICS

The following clinics are held at the County Council Health Clinic Love Lane, Petersfield. (Tel. Petersfield 20)

Ophthalmic Clinic . . . . .	By appointment
Child Welfare Centre . . . . .	Wednesday mornings and afternoons
School Clinic . . . . .	By appointment
Dental Clinic . . . . .	For an appointment to be fixed telephone between 9 a.m. & 9.15 a. (Mondays to Fridays)
Speech Therapy Clinic . . . . .	Tuesday afternoons by appointment



## CHILD WELFARE CENTRE

The Child Welfare Centre is held every Wednesday morning and afternoon at the County Council Health Clinic, Petersfield. It is managed by a Local Committee and the work of these voluntary helpers who assist the medical staff, is greatly appreciated.

## FAMILY PLANNING ASSOCIATION CLINICS

Advice on family planning is given at the following clinics, which are run on a voluntary basis as the service is not available under the National Health Service. A lady doctor and sister are in attendance.

AREA	ADDRESS OF CLINIC	DAY	TIME
Cosham	Child Welfare Centre, Northern Road.	Every Wednesday	1.00 - 3.30 p.m.
Eastleigh	The Red House, 6 Romsey Road.	Every Friday	2.00 - 4.00 p.m.
Fareham	County Council Health Clinic, Assembly Hall, West Street.	Every Monday	5.00 - 7.00 p.m.
Portsmouth	Trafalgar Place, Clive Road, Fratton.	Tuesdays Fridays	1.00 - 3.30 p.m. 4.00 - 8.00 p.m.
Winchester	The Hut (adjoining Trafalgar House), Trafalgar Street.	Every Tuesday	2.00 - 4.00 p.m.

Any further information can be obtained from the County Medical Officer.

It is desirable that a woman should, at her first attendance, take to the clinic a letter from her own doctor.

## +CHEST CLINIC

A chest Clinic is held at the Queen Alexandra Hospital, Cosham.  
(Telephone Cosham 79451, extension 58)

Mondays	10.00 a.m.	Old patients
	2.00 p.m.	Old patients
Wednesdays	2.00 p.m.	New patients
Thursdays	2.00 p.m.	Refills

Dr. J. P. Sharp, the Chest Physician, is in attendance.

A Clinic is also available at the Health Department, The Castle, Winchester, every Wednesday at 10 a.m. (old patients) and 2.30 p.m. (new patients) and Thursday at 9.30 a.m. by appointment. 1.30 p.m. refills. Dr. A. Capes, chest Physician is in attendance (Tel.4411 ext.132)

#### + VENEREAL DISEASES

Treatment is available at St. Mary's Hospital, Portsmouth:-

Males: Tuesdays 10 a.m. to 12 noon, and Thursdays 5 p.m. to 7 p.m.

Females: Mondays 5 p.m. to 7 p.m., Wednesdays 2 p.m. to 4 p.m., and Fridays 10 a.m. to 12 noon.

#### SCHOOL HEALTH SERVICES

##### + ORTHOPAEDIC CLINICS

Orthopaedic cases, requiring treatment, are seen by appointment from the appointments officer of each hospital.

Alton Surgeon's Clinic held at Lord Mayor Treloar Hospital on Fridays.

Remedial Clinic held at Lord Mayor Treloar Hospital daily.

Havant Surgeon's Clinic held at Havant War Memorial Hospital on fourth Tuesdays afternoons.

Remedial Clinic held at County Council Health Clinic on Tuesdays all day (except 4th Tuesday afternoon) and Wednesdays all day.

Petersfield Remedial Clinic held at Petersfield General Hospital as required.

Orthopaedic cases requiring remedial treatment are referred to this Clinic.

##### + OPHTHALMIC CLINIC

This is held for school and pre-school children at the County Council Health Clinic, Love Lane, by appointment.

##### + ORTHOPTIC CLINIC

Cases selected by the School Oculist are referred to the Eye and Ear Hospital, Portsmouth.

##### + EAR, NOSE AND THROAT CLINICS

Cases referred for specialist advice are examined at the Portsmouth Eye and Ear Hospital and treatment is carried out either at that hospital or at Petersfield Hospital.



### SCHOOL CLINIC

This is held at the County Council Health Clinic, Love Lane, Petersfield, by appointment.

### SPEECH THERAPY CLINIC

Cases attend at the County Council Health Clinic, Love Lane, Petersfield, on Tuesdays at 1.30 p.m., by appointment.

### CHILD GUIDANCE CLINIC

Cases are seen by appointment at the County Council Health Clinic, Havant.

### DENTAL CLINIC

Dental Clinics for treatment of school children, expectant and nursing mothers, are held as required at the schools and at the County Council Health Clinic, Love Lane. (Telephone Petersfield 20 between 9 a.m. and 9.15 a.m. for appointment).

+ These services are the responsibility of the Regional Hospital Board.

## HOSPITALS

### GENERAL

There are four general hospitals available for the admission of patients from Petersfield.

#### Petersfield General Hospital

The Petersfield Hospital (Tel. Petersfield 1221/2) has twenty-four beds available for medical and surgical cases. It is administered by the Portsmouth Group Hospital Management Committee.

The Royal Portsmouth Hospital, Portsmouth (Tel. Portsmouth 22281)

St. Mary's Hospital, Portsmouth (Tel. Portsmouth 22331)

Royal Hampshire County Hospital, Winchester (Tel. Winchester 5151)

## HEATHSIDE HOSPITAL, PETERSFIELD

This institution which is under the control of the same Committee as the General Hospital, Petersfield, has been utilised for the care of chronic sick patients since the 1st October, 1949. There are 40 beds available.

## INFECTIOUS DISEASES

Since the closure of the Petersfield Infectious Diseases Hospital there is no infectious diseases hospital situated in the district.

ANY infectious diseases hospital is now available for the admission of cases occurring in the district. Patients are generally admitted to Portsmouth Infectious Diseases Hospital, Milton Road (Tel. Portsmouth 22331) which is under control of the Regional Hospital Board.

Special arrangement has been made for the admission of children suffering from acute poliomyelitis to Lord Mayor Treloar Hospital, Alton, (Tel. Alton 2238).

## SANATORIA

Sanatoria for patients who are suffering from Tuberculosis are provided by the Regional Hospital Board.

## SMALLPOX

The Regional Hospital Board makes provision for the treatment of cases of smallpox at Crabwood Smallpox Hospital. The Bed Admission Office (Tel. Winchester 2261) deals with the admission of these patients.

## HOUSING

### PROVISION OF NEW HOUSES

During the year one traditional type house was completed by the Council. In addition 28 houses were built by private enterprise.

### IMPROVEMENT GRANTS

The Housing Act, 1949, gives power to Local Authorities to consider applications for grants from owners who wish to modernise their houses.

Grants are subject to the following conditions:-

- (a) Each dwelling improved or provided by conversion must be self-contained and must be brought up to a defined standard.
- (b) It must have a useful life of more than fifteen years.
- (c) The total cost of modernisation must be £100 or more per dwelling.
- (d) The scheme must have been approved for grant before the work is started.



During 1958 twelve grants were paid by the Council in respect of improvements to 12 houses.

## INSPECTION AND SUPERVISION OF FOOD MILK SUPPLY

The Food and Drugs (Milk and Dairies) Act, 1944, is the principal Act dealing with milk production and distribution.

The Ministry of Agriculture Fisheries and Food is responsible for the supervision of milk production on the farms, whilst Local Authorities control milk distributors and retail dairies.

The Milk (Special Designation) Act, 1949 and Regulations made thereunder, deal with the issue of licences for the following grades of milk:-

- 1 Tuberculin Tested
- 2 Pasteurised
- 3 Sterilised

### 1. Tuberculin Tested

Milk Licences to produce this grade of milk are issued by the Ministry of Agriculture Fisheries and Food.

Local Authorities may issue "Dealers" licences authorising the use of the designation in relation to milk sold in the district.

Eight Dealers Licences were issued during the year

### 2. Pasteurised Milk

The Act places responsibility on Food and Drugs Authorities for issuing licences to Pasteurise.

The Hampshire County Council which is the Food and Drugs Authority in this district, delegated its functions under the Milk (Special Designations) Pasteurised and Sterilised) Regulations, 1949, to the Councils of County Districts who will continue the supervision and sampling of Pasteurisation Plants.

Two kinds of pasteurising plants are permitted by the Regulations: (1) "Holder Type" in which the milk is held at a temperature of 145° - 150° F. for thirty minutes; (2) H.T.S.T. plants in which the minimum temperature is 161° F. and the milk is held for fifteen seconds.

Two licences to produce Pasteurised Milk were issued by this Council in 1958. Over 90% of all the milk sold in the district is pasteurised. All the milk supplied to schools is pasteurised.

In addition, six "Dealers" licences to sell Pasteurised Milk were issued during the year.

### 3. Sterilised Milk

The regulations require that milk should be filtered and clarified, homogenised and heated to and maintained at not less than 212° F. for such a period as to ensure that it will comply with a turbidity test as prescribed in the regulations. There are no plants for the production of this grade of milk in the Urban District, but four "Dealers" licences were issued.

## FOOD HYGIENE

The communal way of feeding, which was forced upon many folk during the war years, is still widely practised and, because of their cheapness, made-up meat dishes remain very popular. These circumstances have, no doubt, contributed to the prevalence of food poisoning caused by the infection of pre-cooked food.

So it should constantly be borne in mind by all concerned in the handling, preparation and storage of food - particularly by those who work in canteens or who serve food to large numbers - that the utmost care must be taken to obviate the risk of food poisoning, which may occur even in the best equipped canteens.

Any food handler should report to his employer if he is suffering from any of the following conditions:-

- (1) Diarrhoea or vomiting.
- (2) Septic cuts or sores, boils or whitlows.
- (3) Discharges from the ear, eye or nose.
- (4) Any feverish illness.

Customers have now become more clean food minded; and, if any uncleanness is observed in food premises, they often complain to the management.

The hygiene standard of such shops and restaurants therefore lies to some extent in their hands.

A high standard of hygiene is a benefit to food traders, for it attracts business; and it is of course all in the interest of the general public to encourage safer practices.



The washing of hands immediately after using the toilet is absolutely essential for everybody, for toilet paper is porous; and, once contaminated, the hands will leave bacteria behind on everything they touch. "No touch" technique should be practised by all food handlers.

Cakes, boiled sweets, cooked food and vulnerable foods should be handled by tongs or servers and not fingered by the hands, for they are never clean enough safely to handle food of this nature.

Vulnerable foods - which include pressed meat, brawn, meat-pies, stews, trifles, custards and synthetic cream - are normally quite safe when prepared, but they act as ideal breeding grounds for any dangerous germs that gain access, and, if kept at warm temperatures, the germs will multiply very rapidly.

Made-up meat dishes and other vulnerable foods provide a perfect medium for the growth and multiplication of bacteria.

The ordinary group of food poisoning organisms, (i.e. the Salmonellae) are killed by heating, but the fact that the product in which they occur is going to be heat treated, is no absolute safeguard against any spread - as the infection is often carried from the raw material on the hands and utensils to some article of food in the same premises, which is either already cooked or not subject to heat treatment.

There is, however, another type of germ that is not killed by heat and does not even require the presence of air for it to produce its toxins if the temperature conditions are suitable and the intervals of time between the end of cooking and the consumption of food is sufficiently long.

This organism is not uncommonly found in meat, so the sooner meat is eaten after cooking, the less likelihood there is for cases of food poisoning from this source of infection. In fact, if all meat were eaten on the day it was cooked, these outbreaks would cease. Soups, stews, gravies, pies, pease pudding, etc., provide even better conditions for the multiplication of the germs than solid meat.

A high standard of hygiene for food traders is best obtained by observing the following simple rules:-

- (1) Protection of food from all sources of contamination (dust, and droplet infection as well as from flies, cockroaches, rats and mice)
- (2) Personal cleanliness of "food non-handlers".
- (3) Proper storage and display of food at safe temperature.

The most recent report from the Public Health Laboratory Service on Food Poisoning in England and Wales, 1957, states:- "Good hygiene and the exclusion from food handling of persons with septic lesions on the skin will not by themselves ensure the safety of such frequently implicated foods as brawn, pressed meats and ham and bacon, the additional measure is refrigeration."

But emphasis should rightly be placed on methods of preventing the food from becoming contaminated in the first place.

Many outbreaks of bacterial food poisoning would never have occurred if the food, after being cooked, had been rapidly cooled and then placed in a refrigerator until actually required, instead of being left at room temperature overnight and then eaten cold, or warmed up the next day.

Refrigeration conserves food in a wholesome and palatable condition and definitely retards the growth of bacteria if they are present.

It is, therefore, most important that vulnerable food should be stored at a low temperature in a refrigerator or a cool larder to prevent the germs from multiplying.

The food must be at certain temperature and moisture conditions over a period of time before the food poisoning organisms will multiply and produce food poisoning.

The Chief Medical Officer to the Ministry of Health has stated:-

"The remedy is largely in the hands of caterers. The general public can do little in the matter except by way of complaint, for they are not individually aware of what goes on in the kitchens of the establishments they patronise. Nowadays there is little excuse for unhygienic practice in the preparation and serving of food; the risks are well known and the simple methods by which they may be avoided are within the reach of all. That they are not practised is a direct reflection upon the managements responsible."

In this connection, the Health Department would be glad to receive complaints from the general public of unhygienic methods practised in any food shops.

The Food Hygiene Regulations, 1955, affect the owner or manager of any "food business" as well as anyone concerned in the actual selling or putting on sale, preparation, transport, packaging, wrapping, service or delivery of food.



## HEALTH EDUCATION

The Central Council for Health Education has continued to keep this Department informed of all their up-to-date posters and pamphlets.

The Chief Medical Officer in a report to the Ministry of Health, stated:-

"The principal source of infection is still the made-up meat dish, which is dangerous, because of the time which elapses between its preparation and consumption."

According to the report of the Public Health Laboratory Service (in 1956) - "Milk-borne diseases, which have been the bane of mankind in the past, are being replaced by food borne diseases and there were 8,961 food poisoning outbreaks in England and Wales during 1955 and incidence due to salmonellae have increased greatly.

It is encouraging to be able to show that for the second year in succession, there has been a drop in the reported incidence of food poisoning, after, as will be seen from the table below, a steady increase in the previous five years.

Food Poisoning Statistics 1951 - 57 (from reports P.H.L.S.)

	Outbreaks	Family Outbreaks	Sporadic Cases	Total Incidents
1951	343	287	2,717	3,347
1952	372	340	2,807	3,519
1953	492	422	4,363	5,277
1954	506	630	4,880	6,016
1955	612	723	7,626	8,961
1956	563	616	6,534	7,713
1957	473	501	6,097	7,071

This improvement may well reflect results of some of the good health education that there has been on this subject. But much of this poisoning is preventable, and it is clear from figures of the thousands of incidents (representing many more thousands of people affected) that more education is needed.

It is possible that, if egg and egg products, meat and meat products, and feeding stuffs and fertilizers could be protected from contamination with salmonellae in the first place, or if all products likely to be contaminated with salmonellae could be adequately heat-treated, the incidence of food poisoning would fall considerably.

Whilst latest food hygiene regulations may help to decrease food poisoning due to organisms other than salmonellae, there will be little difference in the general picture so long as the distribution of contaminated food stuffs is allowed to continue.

Egg products are possibly one of the main sources of salmonellae in foods."

Authorities state there is no evidence to show that food poisoning organisms are present in the flora of newly caught fish or that fish suffer from salmonellae infections; but the situation is quite different with poultry or meat. Salmonellae are often present in the intestines of both diseased and healthy animals. The infection may easily be spread in slaughterhouses and food shops or kitchens by dogs, cats, rats, mice or even pigeons, as each of these species may carry the germ. But infection of beef and beef products appears to occur more frequently after slaughter and possibly after the meat has left the slaughterhouse.

"Prevention of salmonellae food poisoning depends on knowing more of the potential sources of contamination and is a long term problem; otherwise the remedies for the elimination of food poisoning are simple and can easily be applied. From the continued high incidence of food poisoning, however, it is evident that certain caterers still find difficulty in applying them."

In order to encourage good habits of personal hygiene among members of the staff of catering establishments, housewives and others, the Ministry of Health has prepared several good posters on the subject, including four illustrated coloured posters, which cover the four essentials of good food handling:-

- (1) "Wash your hands well".
- (2) "Finger food as little as possible".
- (3) "Cover all cuts and sores properly".
- (4) "Cover food against flies".

The seeds of good hygiene are sown at home, but if they are to germinate and develop successfully, cultivation must be encouraged at school.

Children have gradually become more used to modern methods of sanitation and it is unfortunate that these are not always available in school buildings.

#### SMOKING AND CANCER OF THE LUNG

In 1957, the Ministry of Health sent a Circular to all local health authorities on the subject of smoking and lung cancer. In that circular, it was stated that the Medical Research Council had concluded that the most reasonable interpretation of the very great increase in deaths from lung cancer in males during the past 25 years was that a major part of it was



caused by smoking tobacco, particularly cigarette smoking.

These authorities were asked to make known the risks through their arrangements for health education so that everyone may be aware of the risks involved in smoking, and the individual who smokes can then make up his or her own mind.

To smoke or not to smoke? that is the burning question for all those from adolescence to middle age.

At the request of the Ministry of Education, greater attention is now being paid to the problems of cigarette smoking among children. They are encouraged to think very carefully before commencing the practice which may become a habit associated with the increased incidence of lung cancer in later life. The County Medical Officer says "It behoves all doctors, particularly those interested in preventive medicine, to lose no opportunity of keeping the public aware of this danger, and especially to dissuade the younger age groups from acquiring the smoking habit."

Dr. Horace Joules, a chest physician, summarises the position as follows:-

"In Britain, we suffer more from bronchitis than any other country in the world and the cigarette is one of the main causes for this high incidence. We led the world in cigarette smoking from about 1910 to 1930 and now we lead the world with our figures for bronchitis and cancer of the lung.

In many countries, scientific study has shown that the rise in cases of cancer of the lung is directly related to the rise in cigarette smoking, but this result follows at least 25 years of smoking - except in the very heavy smoker. At least four out of five cases of cancer of the lung are caused by the habit."

Dr. J. H. Edwards estimates that, in 1957, the total number of deaths caused from tobacco - i.e. by lung cancer, bronchitis and reactivated pulmonary tuberculosis - was nearly five times as heavy as deaths on the roads.

Dr. J. A. Scott, Medical Officer of Health to the County of London states:- "The people most likely to benefit by anti-smoking propaganda fall into three groups - school children, adolescents and those in early middle and middle age.

A principal difficulty with young people is that, in their own estimate they are immortal, and the possibility of any event happening more than a month or two ahead will not affect their present conduct. They are, however, extremely susceptible to influence by example.

Much can be done by the example of parents and teachers, elder brothers and sisters and others whom small children watch and imitate. And the most effective method is for them to use self-discipline and not smoke themselves, because children accept, as normal and desirable, the standards of conduct of their elders.

Adolescents are recognised as the main target for direct approach. They have an increasing sense of self-importance, recently acquired, which needs to be reinforced by assuming the habits and manners of maturity. And what is more important, their example is not lost upon their younger brothers and sisters".

### ACCIDENTS IN THE HOME

More people are killed by accidents in the home than by accidents on the road, the fact is not really surprising since people spend much more time in their houses; but it does mean that we must do everything we can to reduce home accidents.

Over 6,000 persons die annually in England and Wales as a result of accidents in their homes. Most fatalities result from four main causes - falls, poisoning, burns and scalds and suffocation, and of these, about 700 are due to burns and scalds.

More than four-fifths of the fatalities concern the young and the old, and as high a proportion as two-thirds involve infants under one year and elderly people of seventy-five and over who are prone to falls, gas poisoning and burns. The majority of home accidents are preventable.

#### Accidents in Children

According to the Chief Medical Officer's report to the Ministry of Health, during the year, 733 children, including 637 under five years of age, suffered fatal accidents in their homes, this figure of 733 fatalities, which forms 11% of all fatal domestic accidents is, happily, the lowest figure yet recorded, but most burns and scalds and poisoning accidents to children must be regarded as preventable.

These must be attributed mainly to inadequate supervision; but carelessness, thoughtlessness, apathy and lack of knowledge of the adults in charge all play their part. Women and girls suffer more than twice as many burning accidents as men and boys, for full skirted loose garments present a much greater fire risk than narrow or close fitting ones.

Occasionally children have been found suffocated by plastic bibs or bags. The U.S. National Safety Council reported 28 fatalities from plastic "Garment bags" between January and June.

It seems that the plastic bag becomes electrically charged and, if pulled over a child's head, it clings tenaciously and resists removal. If a small child is found dead with a plastic bib firmly plastered over his face, the adhesive qualities of saliva and food remnants around the baby's mouth are generally blamed. But now the electrical properties of the bib may be called in question.



Plastic bibs should always be secured to the baby's clothes to prevent disaster; and small children should not be allowed to play with plastic bags or they may use them as "space helmets" etc. Plastic bags must be regarded as potentially lethal to young children.

### Accidents in Old People

The accident rate is high in old people. With increase in age, physical and mental deterioration may reduce the capacity to co-ordinate thought and action. Some old people become fatigued, forgetful or absent-minded, and these psychological features may be accompanied by physiological changes, failing vision, impaired hearing and sense of smell, and muscular weakness and the infirm and the handicapped are liable to accidents through inexpert handling of heating and lighting appliances and inability to avoid obvious hazards. Falls account for nearly two-thirds of fatal home accidents and three-quarters of these fatalities affect people of seventy-five and over.

The majority of the victims are women.

### Thermal Accidents

Statistics about non-fatal accidents are not available, but it is estimated that each year not less than 50,000 persons need hospital treatment for burns and scalds caused by domestic accidents and that about 80% of the deaths, resulting from extensive burns, are due to clothing catching on fire. Most of these accidents are due to the clothing coming in contact with the heating element or flame of an unguarded or inadequately guarded coal, gas, electric or oil heating appliance. "Open" fires are responsible for more fatal accidents than any other type.

Scalds have a much lower death rate than burns, but the incidence nearly equals that of burns and the degree of disfigurement or disablement may be equally severe. They occur most commonly in children under five years of age, and the most serious accidents result from children falling into buckets or basins of hot water placed on the floor. They may also be caused by children pulling over themselves vessels, saucepans or pans containing hot fluids or fat or by pulling the flexes of electric kettles.

Approximately two-thirds of the hospital admissions for scalds, sustained at home, occur in children under five years of age.

### Preventive Measures:

The majority of these burning and scalding accidents could be avoided and, in spite of the publicity that has been given to the subject during recent years, the position has not MUCH improved.

While propaganda of all kinds plays a valuable part in prevention, it is the personal contact of doctors, nurses and social workers with the people in their homes that is likely to bring the most rewarding results.

Under the Children and Young Persons Acts, 1933 and 1952 parents and guardians are liable to a fine if a child of 12 years or under is seriously injured from burns caused by an unguarded "heating appliance liable to cause injury to a person by contact therewith".

The Heating Appliances (Fireguards) Act, 1952 and the Regulations made under it require that, from 1st October, 1954, all gas, electric and oil fires must be fitted, when sold, with a guard attached. Many householders are not aware of the danger of unguarded fires, have no knowledge of this Act, and have taken no steps to acquire guards for the fires purchased before the Regulations came into force.

### Efficient Fireguards

The most effective simple way of reducing the number of serious burning accidents is by the use of the properly designed and fixed fireguard of the British Standard Specification. It forms a protection from burning by falling into an open fire, by children tampering with one, or by clothing accidentally brushing against a fire.

### Safer Clothing

The most frequent cause of serious burns is clothing catching alight. The provision of fireguards for all types of fires and the choice of safer garments for women and children to wear will reduce these accidents. The flammable nature of nearly all fabrics currently in use makes the guarding of fires doubly important. Pyjamas are much safer than nightdresses, particularly for children. Full skirted party dresses and other loose flimsy garments also require special caution.

Recent research has shown that virtually all fabrics in common use for clothing are flammable and that the shape of the garment and the nature of the source of ignition are the most important factors in relation to accident risk.

A special Committee was set up by the British Standards Institution to consider the flammability rating of clothing textiles. In their report (The Flammability of Apparel Fabrics in relation to Domestic Burning Accidents by British Standards Institution 1957, Accidents in the Home - Burns and Scalds [Ministry of Health]) they recommended that a standard of durable flame-resistance of fabrics should be established, and that goods, offered for sale to the public as flame-resistant, should be warranted as such and identified accordingly.



Care is necessary with all fabrics which are now known to be flame-resistant; and the public should be encouraged to obtain fabrics (which comply with the British Standard of "flame resistance") as soon as these become available.

### Prevention of Scalding Accidents

Overcrowding is frequently a contributory factor, and the kitchen is the most dangerous room. There is no doubt that kitchen discipline and kitchen design could do much to reduce the incidence of scalds. The cooker and the sink should not be on opposite sides of the room, but should be sited along one wall, or two adjacent walls, and joined by a work surface.

Although, in some cases, scalding accidents may be precipitated by the shape, design and use made of the kitchen or by the form of domestic equipment, it is nevertheless clear that the majority of incidents are due to carelessness.

While the final responsibility for the prevention of burns and scalds in the home must rest with the householders, every authority, organisation and individual has something to contribute to the provision of safety in the home and it is only by the combined efforts of everyone that the incidence of burns and scalds can be reduced.

### Local Campaign

In November, a National "Guard That Fire Campaign" was opened by the Home Secretary. The aim of the campaign was to persuade householders to guard all fires whether coal, gas or electric.

Considerable publicity for the campaign was organised locally and a mobile exhibition was open in The Square, Petersfield. The exhibition was built and manned by Officers of the County Fire Service.

A loudspeaker van toured the town drawing attention to the exhibition and the record numbers attending proved that the campaign was very successful.

### HUNGARIAN REFUGEES AT WEST MARK CAMP

West Mark Camp was opened in an emergency for the reception of Hungarian Refugees from March, 1957 till March, 1958.

The total number of refugees, who passed through the Camp during that period, was 545.

Tribute should be paid to the wonderful work done by the local Red Cross V.A.D's and Women's Voluntary Service.

It is difficult to imagine how the harassed warden could have coped without the help given by these voluntary workers.

Doctors' Surgeries, Ante-Natal Clinics and Infant Welfare Clinics were started; and the Red Cross members staffed the sick bay.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES  
INTERNATIONAL SANITARY REGULATIONS, 1952

International Travel

Travellers from abroad, who may have been contacts of small-pox or other dangerous diseases while out of this country, are required to show their doctors notices issued to them on arrival at airports in the event of their becoming ill during the succeeding 21 days.

Passengers undertaking international travel must be in possession of certain vaccination certificates, depending upon the place of departure, the countries of transit and the destination. International certificates are issued in connection with small-pox, yellow fever and cholera.

The International Sanitary Regulations, 1956, specify the following periods for the validity of international certificates of vaccination:

Type of Vaccination

	Validity (After date of vaccination or inoculation)	
	<u>Begins</u>	<u>Ends</u>
Smallpox primary vaccination	8 days	3 years
Smallpox - re-vaccination	At once	3 years
Cholera - primary vaccination	6 days	6 months
Cholera - re-vaccination with six months	At once	6 months
Yellow Fever - primary vaccination	10 days	6 years
Yellow Fever - re-vaccination within six years	At once	6 years

But the health authorities of some countries vary these periods and details of immunisation requirements can be obtained from the airline or steamship Company concerned, or from the Consulates of the Countries to be visited.

Persons who are required to be vaccinated or inoculated against more than one disease are advised to tell the Doctor of all the vaccinations or inoculations needed as they may have to be done in a particular order with certain minimum intervals.



The vaccinations must be recorded on the international vaccination certificate form prescribed by the World Health Organisation, dated and signed by the Doctor doing the inoculation and, in the case of smallpox and cholera, authenticated and stamped by the Health Department of the district.

The international certificate forms must be obtained by the traveller himself from the travel agency or Ministry of Health, except those for yellow fever which are held at certain recognised centres where the vaccination is performed.

In this area, yellow fever vaccinations are carried out at the Pathological Laboratory of the Royal South Hants and Southampton Hospital, Exmoor Road, Southampton, on Tuesdays by appointment. (Telephone Southampton 26211).

For inoculations where no international certificate is required, an ordinary certificate by the Doctor is sufficient.

#### SMALLPOX VACCINATION

The speed of air travel makes the task of preventing the imported case of smallpox particularly difficult; so the earliest possible detection of the disease is of the utmost importance in preventing the spread.

Outbreaks of smallpox in this country generally arise from the importation of the disease from abroad, and this was so in 1957. It is something of a paradox that the application of preventative measures, so easily and fully available, should in a great many instances have to await the occurrence of the very condition they are designed to prevent before advantage is taken of them.

In England and Wales in 1956, the % of infants under the age of one year who were vaccinated was only 38.4 and the figure for 1957 was 43.0. It is still far below what may be regarded as satisfactory. This low acceptance rate and the resulting lack of protection to the individual and the community is causing much concern; the aim should be to see that every healthy infant is vaccinated - not only because routine infant vaccination is thought to be justified as the first step in establishing a satisfactory immunity in later years, but also on account of the immediate protection thereby conferred, and the occurrence of outbreaks of imported smallpox from time to time only confirms that the extent of immunity against this disease is not sufficient to prevent an epidemic.

It is therefore important that primary vaccination should be carried out; it is far too frequently refused because parents are under the impression

that it will harm their babies. If the first vaccination is put off until adolescence or later, there may be a slight risk; but it is believed that the risks attending primary vaccination are less in infancy than at any other age and, since many persons will need to be vaccinated at some time, it is highly desirable that this should be done early in life, if only as an insurance against possible untoward effects of vaccination later on.

Smallpox is no longer endemic in Europe and the chance of the individual stay-at-home Englishman ever encountering it may be remote, but not everyone remains at home and vaccination is often a pre-requisite for travel or for entry into many countries, as well as an essential personal protection in those areas in which smallpox is endemic. It is necessary in certain types of employment within this country and obligatory for service with the Armed Forces.

So, the probability is that for one reason or another a substantial number of residents in this country will find it desirable to be vaccinated on some occasion during their lives.

The ideal time for the first vaccination is during the first six months of infancy - preferably about the third month.

The "acceptance" rates for infant vaccinations vary considerably in different parts of the Country. In this district, the percentage of children under the age of one year, who were vaccinated, was 68.6.

The susceptibility of the community as a whole to epidemic smallpox of either the mild or the severe variety cannot be greatly diminished by routine infant vaccination alone. To guard against the social disruption and economic loss which invariably results from the rapid spread of any form of smallpox, it is necessary for the re-vaccination of school children as well as vaccination of infants to be done as a routine.

The re-vaccination of children within two or three years of first entering school not only maintains or revives their individual protection, but is likely to facilitate substantially the control of local outbreaks of smallpox. It also ensures that any further vaccination in later life will be less likely to have any serious reactions or complications.

Re-vaccination carried out at school age, is practically trouble free; and this procedure, done as a routine at least once on all children primarily vaccinated in infancy, would substantially diminish the chance of rapid spread of smallpox.

During the year, 172 vaccinations against smallpox were carried out.



Vaccination	pre-school children	School Children	Over 15 years of age
Primary Re-vaccination	94 8	2 23	5 40
Total	102	25	45

#### DIPHTHERIA IMMUNISATION

The following information has been based on reports from the Ministry of Health and Registrar General and on pamphlets issued by the Central Council for Health Education.

During the year, in England and Wales, there were some small outbreaks of diphtheria and a number of sporadic cases in different parts of the country, which brought the total number of notifications above that for 1957. This is the first time there has been a rise in the incidence of diphtheria for 14 years.

Since 1943, when the Immunisation Campaign got well under way, each year has shown a drop in the number of cases. In 1957, there were only 37 instead of the average 50,000 a year that occurred before the Campaign started. Although complete eradication of the disease from an area where cases occur endemically is not an easy matter, there is evidence that there are good prospects for maintaining freedom once it had been gained.

Experience over the last few years has shown that in school communities, where immunisation rates are low, diphtheria infection when once introduced can gain momentum and lead to an outbreak. The need for early immunisation and for the booster dose is therefore stressed.

A more complete protection in the under 5 age group would soon cause a reduced incidence in the early school (5-9) age group and the disease might well be almost eliminated. Only if an adequate level of immunisation is maintained can diphtheria be driven altogether from this country.

The great majority of parents nowadays have never seen or heard of a case of diphtheria among their neighbours' children and are more afraid of illnesses they know than of the dangers of diphtheria.

If parents leave their children unprotected, there may well be other outbreaks.



Although the number of immunisations given to babies under 1 year has decreased only very slightly, the number of "Booster" doses for school children has dropped considerably over the past few years.

Complacency, resulting from what has already been achieved, or loss of interest or of confidence in immunisation, may mean that diphtheria will go on occurring endemically and epidemically in this country indefinitely, with the ever-present risk of a return to high mortality; but a vigorously continued immunisation programme, combined with existing methods of epidemic control may free us entirely from the disease except for the occasionally imported case.

The Ministry of Health recommends that all children should be immunised before their first birthday - preferably at the age of seven or eight months and they should receive a booster or reinforcing dose just before entering school, and again every four or five years throughout school life.

Owing to the fact that immunity against diphtheria takes several weeks to develop, those who have been inoculated earlier in life will have the advantage of receiving protection against diphtheria at short notice.

It is therefore, of the utmost importance for parents to realise that active immunisation in the first year of life and reinforcing doses of prophylactic in later years are just as necessary in the absence of diphtheria epidemic as in their presence.

Immunisation helps the body to build up natural defences against the disease and gives almost certain protection against death from diphtheria.

Resistance to diphtheria is rather like a car battery that needs topping up to maintain its full efficiency. So children should be immunised in the first year of life and have their first "topping up" before reaching school age.

During the year a slide was shown at the Savoy Cinema, Petersfield and leaflets and consent cards were distributed by kind arrangement with the Management.

The object of publicity campaigns is to secure the immunisation of not less than 75% of the babies before their first birthday.

In this district 57.4% of the children born during the year 1957 were immunised before they attained the age of one year.

Although children up to five years of age are the most susceptible age

group, all under fifteen should be immunised.

During the year, one hundred and sixty-nine immunisations against diphtheria were carried out.

Immunisation	Pre-School Children	School Children
Primary	1	4
Reinforcing or "Boosters"	-	41
Combined Primary	34	3
Combined "Booster"	5	15
Triple Primary	44	-
Triple "Booster"	6	16
Totals	90	79

Children may be immunised by their own Doctors or at the Child Welfare Centre.

The following table gives the annual incidence of diphtheria since 1942:-

	1943	1944	1945	1946	1947	1948	1949	1950
Cases	9	-	-	-	-	-	-	-
Deaths	-	-	-	-	-	-	-	-
	1951	1952	1953	1954	1955	1956	1957	1958
Cases	-	-	-	-	-	-	-	-
Deaths	-	-	-	-	-	-	-	-

It is satisfactory to report that there has only been one death from diphtheria since the Council's scheme for diphtheria immunisation by general practitioners was commenced in 1935.

It will also be noted that no case of diphtheria occurred during the past fifteen years.

In 1943, the nine cases occurred amongst Portsmouth evacuees at Westmark Camp.

There have been no cases in local children since 1941.



## WHOOPING COUGH IMMUNISATION

At the beginning of 1955, the Hampshire County Council's scheme for whooping cough immunisation began operating throughout the whole of Hampshire.

The scheme includes combined immunisation against whooping cough and diphtheria, triple immunisations against whooping cough diphtheria and tetanus and immunisation against whooping cough alone but it does not provide for the immunisation against whooping cough alone after the age of five years.

Combined whooping cough and diphtheria immunisation with or without tetanus is often preferred for the primary immunisation of young children so as to reduce the total number of inoculations needed for immunisation against the two infections.

During the year, 123 immunisations against whooping cough were carried out.

Immunisation	Pre-School Children	School Children
Primary	-	-
Reinforcing or "Booster"	-	-
Combined Primary	34	3
Combined "Booster"	5	15
Triple Primary	44	-
Triple "Booster"	6	16
Totals	89	34

Children may be immunised by their own Doctors at the Child Welfare Centre.

## POLIOMYELITIS - PERSONAL PRECAUTIONS

The World Health Organisation has issued six points for the personal protection of the public against poliomyelitis.

The six rules for the individual to observe are as follows:-

1. Wash hands frequently, especially before eating.
2. Protect food from flies, thoroughly wash uncooked food such as fruit and vegetables.



POLIOMYELITIS VACCINATION

ERRATUM

Paragraph 4.

During the year 569 vaccinations against polio were carried out. There were 20 adults and 547 children; and of the latter, 203 were under school age and 344 were school children.

In addition 2 school children received "booster" inoculations.



3. Avoid intimate association such as shaking hands with families in which poliomyelitis has occurred within three weeks.
4. Treat feverish illnesses with caution, bed rest, or at least avoiding over-exertion for a week is advisable.
5. Avoid unnecessary travel to and from communities where the disease is prevalent.

#### POLIOMYELITIS VACCINATION

In May 1956, the County Council's Scheme for poliomyelitis vaccination of children born in the years 1947-54 began in selected areas of Hampshire.

Later, in 1957, the age group for registration was extended and the vaccinations were carried out as supplies of vaccine became available.

In this district practically all the inoculations have been given by the general practitioners.

During the year sixty-seven children were vaccinated against poliomyelitis, of these, nine were under school age and fifty-eight were school children.

#### NOTIFIABLE DISEASES

Particulars of cases of infectious diseases that occurred during the course of the year are shown in the following table.

Diseases	Total Cases Notified		Total Deaths	
	M.	F.	M.	F.
Scarlet Fever	-	-	-	-
Diphtheria	-	-	-	-
Puerperal Pyrexia	-	-	-	-
Pneumonia	-	-	-	-
Dysentery	-	-	-	-
Erysipelas	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-
Enteric Fever (including Paratyphoid)	-	-	-	-
Acute-Poliomyelitis & Polio-encephalitis	-	-	-	-
Cerebro-spinal Fever	-	-	-	-
Measles	43	44	-	-
Whooping Cough	2	1	-	-
Totals	45	45	-	-



An analysis of the total notified cases according to age groups is given below.

Age Group	Measles		Whooping Cough	
	M.	F.	M.	F.
Under 1 year	1	1	-	1
1 year	1	1	-	-
2 years	4	-	1	-
3 years	2	9	-	-
4 years	5	6	1	-
5 - 9 years	31	25	-	-
10 - 14 years	-	2	-	-
15 - 24 years	-	-	-	-
25 and over	-	-	-	-
Age unknown	-	-	-	-
Total all ages	43	44	2	1

Only certain forms of Pneumonia are notifiable. No deaths from infectious diseases occurred.

#### TUBERCULOSIS

Age Period	New Cases (including transfers)				Deaths			
	Respiratory		Non Respiratory		Respiratory		Non Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0 - 1	-	-	-	-	-	-	-	-
1 - 5	-	-	-	-	-	-	-	-
5 - 15	-	-	-	-	-	-	-	-
15 - 25	-	-	-	-	-	-	-	-
25 - 35	2	1	-	-	-	-	-	-
35 - 45	-	1	-	-	-	-	-	-
45 - 55	-	-	-	-	-	-	-	-
55 - 65	2	-	-	-	-	-	-	-
65 and over	-	-	-	-	-	-	-	-
Totals	4	2	-	-	-	-	-	-

On 31st December, 1958 the total number of cases on the register was seventy-nine.

## SCABIES

Facilities for the treatment of scabies are available at Portsmouth Disinfestation Clinic.

Appointments for cases requiring treatment are made through this Department.

Scabies should be regarded as a family infection and all members of the same family should present themselves for treatment simultaneously whether or not they complain of "The Itch" and show evidence of scabies at the time; otherwise an early case may escape detection and the parasite may thrive in one member and re-infect the others.

## PEDICULOSIS

Where necessary, cases of pediculosis (head lice) may be referred for treatment at the County Council Health Centre, Love Lane, Petersfield by special appointment.

Pediculosis should also be regarded as a family infection and, when a child is found to be verminous, all the members of the family should offer themselves for examination. This wise practice would ensure that any undetected case in the same family would receive immediate treatment and that there would be no further spread of infection to others.

## NATIONAL ASSISTANCE ACT

During the year no official action was taken under Section 47 of the National Assistance Act, 1948, in connection with the removal to hospital of persons "who are suffering from grave chronic disease or, being aged and infirm or physically incapacitated, are living in insanitary conditions, and are unable to devote to themselves, and are not receiving from other persons, proper care and attention."

One potential case was brought to the notice of this department and investigated but, after referring to the Area Welfare Officer, it is satisfactory to report that alternative arrangements were made without having to take any drastic procedure.

## PROVISION OF SHORT STAY ACCOMMODATION IN OLD PEOPLE'S HOMES

I am indebted to Mr. F. J. Bryan Long, County Welfare Officer, for the following note upon the County Council's short stay scheme:-

The Welfare Committee of the County Council operate a scheme whereby

any places temporarily vacant in County Homes for old people are made available to elderly persons to enable the relatives or friends with whom they live to take a holiday.

Such temporary vacancies arise when residents are in hospital or away on holiday and when a new resident needs time to clear up his affairs. Some use is also made of sick bays during the summer months when there is less demand for nursing care.

This scheme has enabled families to take a rest from giving constant attention to elderly relatives and has been of help also in times of illness and other domestic crises, when a younger relative or friend has been temporarily unable to care for an elderly person.

During the year, a total of 78 old people in the County was given a holiday in this way, the length of stay varying between a week and a month.

Accommodation under this scheme cannot be offered to old people needing regular medical and nursing care; generally they should be able to wash and dress themselves, get to the dining room for meals and attend to their own toilet.

Applications for short stay admission may be made either to the local Area Welfare Officer or direct to the "County Welfare Officer at The Castle, Winchester."

#### CITIZENS' ADVICE BUREAU

The Local office of the Citizens' Advice Bureau which is under the auspices of the National Council of Social Service is in the Town Hall Annexe at the rear of the Town Hall (Telephone, Petersfield 749). The office is open Monday to Friday from 9 a.m. to 12.30 p.m. and from 2 p.m. to 4.30 p.m. On Saturday it is open from 9 a.m. to 12.30 p.m.



## WEIGHT LIFTING.

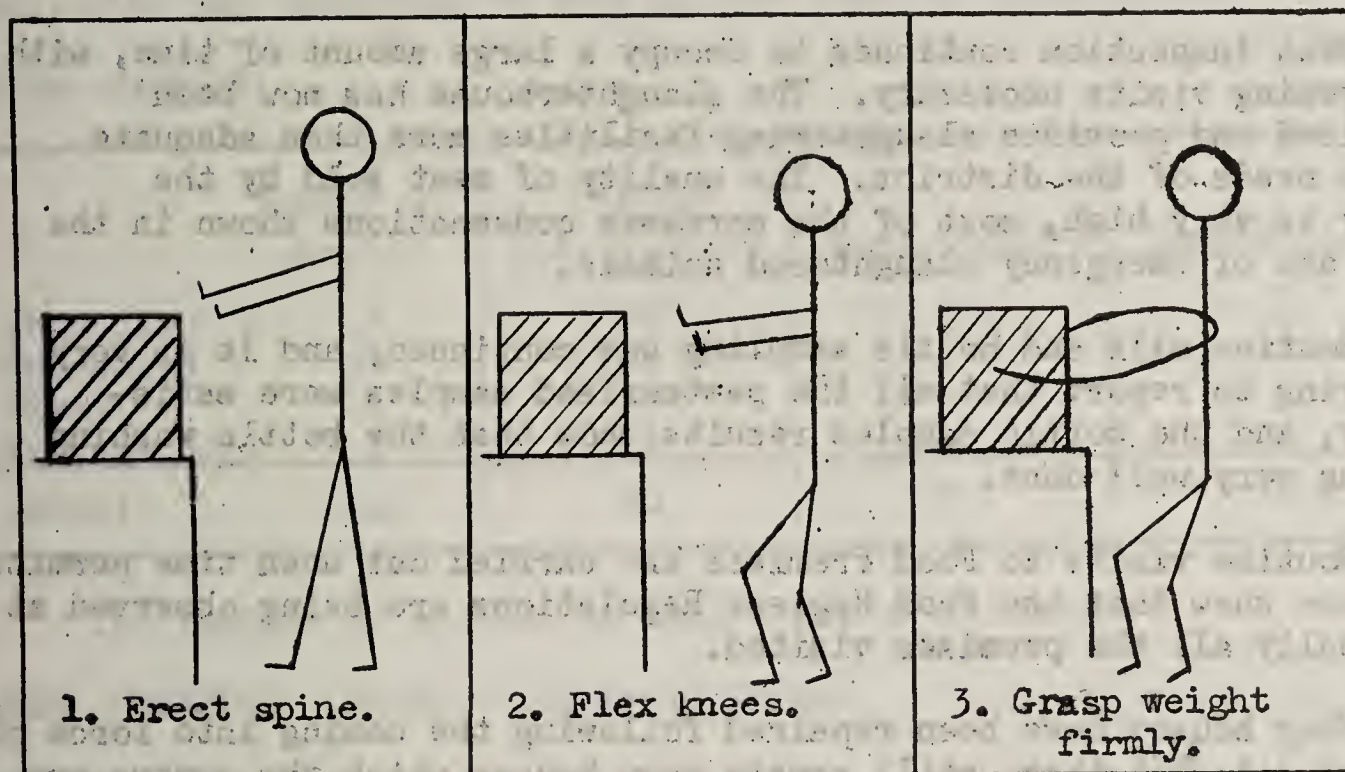
Dr. Graham-Bonnallie gives the following practical advice on how to lift heavy weights with safety:-

If it is not possible to raise the weight from the floor by extending the knees, or to lift it any higher by means of the arms, then the weight is too great for the particular person to lift.

It is probably correct to say that the trunk, except as a support for the arms, should not be used at all in the act of lifting.

Lifting is not a feat of strength, but a matter of mechanics.

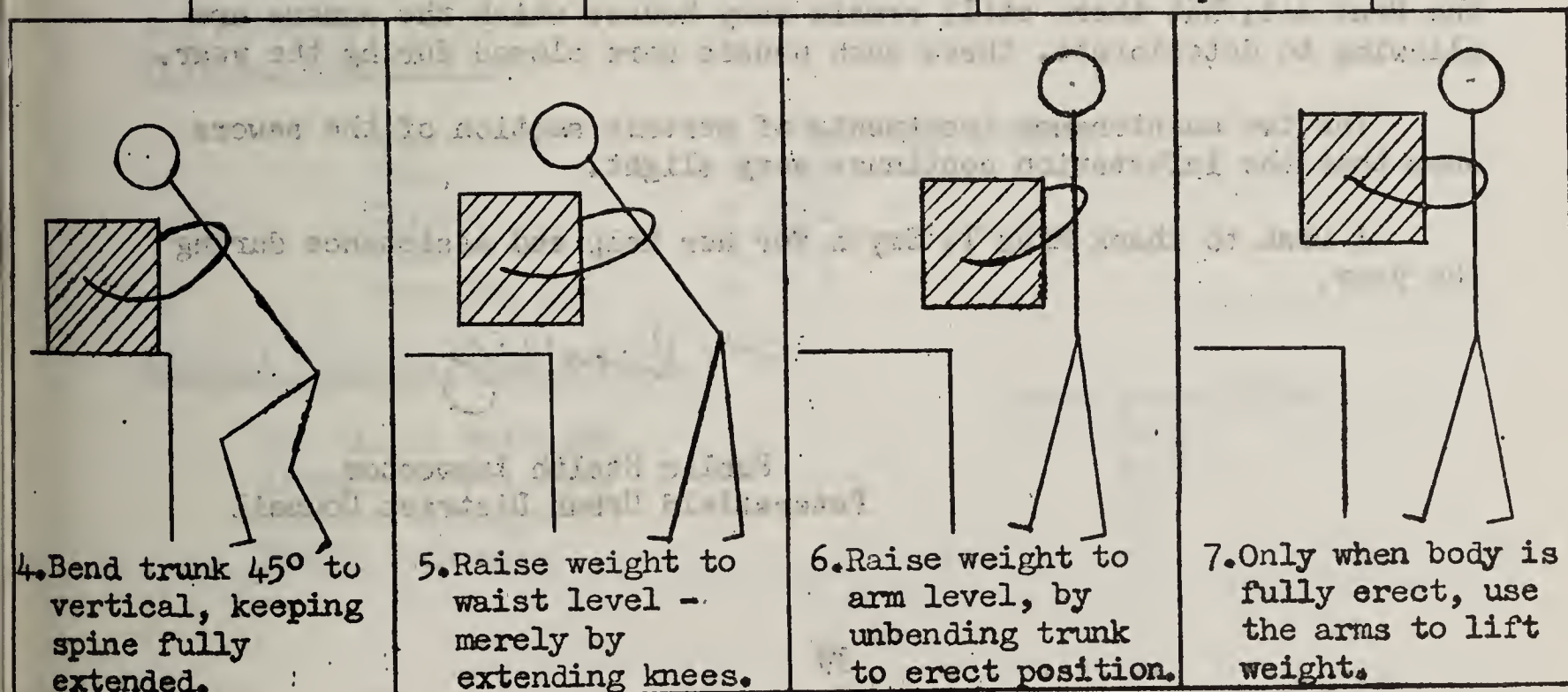
A heavy weight should be lifted by numbers:-



1. Erect spine.

2. Flex knees.

3. Grasp weight firmly.



4. Bend trunk 45° to vertical, keeping spine fully extended.

5. Raise weight to waist level - merely by extending knees.

6. Raise weight to arm level, by unbending trunk to erect position.

7. Only when body is fully erect, use the arms to lift weight.



PETERSFIELD URBAN DISTRICT COUNCIL

Health Department,

Town Hall,

PETERSFIELD.

To the Chairman and Members  
of the Petersfield Urban District Council.

I have the honour to present my tenth Annual Report on the  
Sanitary circumstances of the district.

Meat inspection continues to occupy a large amount of time, with many evening visits necessary. The slaughterhouse has now been modernised and provides slaughtering facilities more than adequate for the needs of the district. The quality of meat sold by the Company is very high, most of the carcasses condemnations shown in the report are of emergency slaughtered animals.

Routine milk and bottle sampling was continued, and it is very gratifying to report that all the pasteurised samples were satisfactory, and the bottle samples results show that the bottle washing is being very well done.

Routine visits to Food Premises are carried out when time permits and these show that the Food Hygiene Regulations are being observed at practically all the premises visited.

Many houses have been repaired following the coming into force of the Rent Act, but there still remain many houses which the owners are allowing to deteriorate, three such houses were closed during the year.

The two maintenance treatments of certain section of the sewers show that the infestation continues very slight.

I wish to thank Miss T. Smyth for her help and assistance during the year.

*H. G. B. Bailey*

Public Health Inspector  
Petersfield Urban District Council

REPORT ON THE WORK OF THE PUBLIC HEALTH INSPECTOR  
for the year ended 31st December, 1958.

WATER SUPPLY

The chief source of supply is from two deep boreholes situated at Sheet. This is augmented by spring water from Oakshott.

The two sources of supply were sufficient to meet requirements. These supplies are chlorinated and samples are regularly sent for analysis.

All the houses in the district are supplied direct from the Council's main, with the exception of four houses supplied from wells.

WATER SAMPLES

	Number of samples	Highly Satisfactory	Satisfactory	Unsatisfactory
Oakshott	49	39	7	3
Boreholes	29	27	1	1
Mixed	15	13	-	2
Private Bore	1	1	-	-
Total:	94	80	8	6

The results of a chemical sample are as follows:-

LOWER OAKSHOTT SPRING - Untreated Water.

6th February, 1958.

Physical Examination.

Appearance	=	Clear and bright.
Odour	=	Nil
Colour	=	Nil
Taste	=	Nil
Reaction P.H	=	7.2

General Chemical Examination.

	Parts per million.
Ammoniacal Nitrogen	0.01
Albuminoid Nitrogen	0.01
Nitrous Nitrogen	0
Nitric Nitrogen	2.5



Hardness (as CaCo <sub>3</sub> )	175
Temporary	30
Permanent	0.50
Permanganate Figure	175
Alkalinity	255
Total Solids	

#### Mineral Analysis.

Calcium	79
Magnesium	1.5
Sodium	7
Carbonate	105
Chloride	16
Sulphate	12
Nitrate	11
Iron	0
Flouride	0.1

These results indicate that this sample is suitable for drinking and domestic purposes.

A. L. Williams.  
Public Analyst,  
City of Portsmouth.

#### DRAINAGE AND SEWERAGE

The sewage works operated satisfactorily during the year and samples indicated that a satisfactory effluent was being produced.

Houses which drain to cesspools can have these emptied twice a year without charge on application to the Council.

Houses which have pail privies have these emptied twice weekly by the Southern Counties Cleansing Service. These houses are mainly situated at Stroud where there is no sewer and the service worked satisfactorily during the year.

#### PUBLIC CLEANSING

The Council is responsible for the cleansing of all the roads in the district.

Refuse collection is carried out weekly.

These services are the responsibility of the Surveyor's Department.

## SHOPS

Shops are inspected for compliance with the Shops Act, mainly when visiting the premises under other Statutes.

## INSECT INFESTATION

No case of infestation by bed bugs was reported, but several complaints of flea and cockroach infestation were received; advice was given in these cases.

## REFUSE TIPS

The refuse tip at Stroud was regularly kept under observation for fly infestation. Spraying with insecticide was carried out each day on which refuse was tipped during the warmer weather. In the autumn this tip was closed and the new site at the old brickworks, The Causeway was opened.

## CAMPING SITES

Regular inspections were made of all licensed sites. These are all reasonably well kept.

The site in The Causeway, which has been approved by the Caravan Club of Great Britain, is now licensed for 100 caravans. A central block of sanitary conveniences is available, together with wash basins and showers.

During the year several improvements were carried out, most of the caravans now have water direct into the caravan and sink waste drainage discharges into a proper drain, this facility is expected to be provided all over the site, very soon.

The roads around the site have been improved and all caravans have electric light installed.

## RODENT CONTROL

Complaints of infestation by rats were again relatively few in number, but survey work was carried out, mainly when visiting premises for other purposes.

Regular treatments were given to the Council's Refuse Tip and Sewage Works. Small infestations in the Council Yard and Sheet Institute were also dealt with.

Two maintenance treatments of the sewers in The Causeway, Cranford Estate and Grange Meadows were carried out in June and November, which showed that the infestation is very light.

The following table gives details of inspections and treatments for the year 1958.

	TYPE OF PROPERTY				
	Local Authority (except houses)	Dwelling Houses	Business Premises	Agri-cultural	Total
1. Number of Properties in Local Authority's District	15	2,217	279	20	2,531
2. Number of Properties inspected as a result of:					
(a) Notification	-	47	11	1	59
(b) Survey under the Act	15	31	14	1	61
(c) Otherwise (when visited primarily for some other purpose)	-	139	101	20	250
3. Total inspections carried out including re-inspections	71	292	147	21	531
4. Number of Properties inspected which were found to be infested by:					
(a) Rats (Major	2	-	-	-	2
(Minor	1	48	8	-	57
(b) Mice (Major	-	-	-	-	-
(Minor	-	5	2	1	8
5. Number of infested Properties treated by Local Authority	8	48	8	1	65
6. Number of notices served under Section 4 of the Act.	Nil	Nil	Nil	Nil	Nil
7. Number of "Block" control schemes carried out	-	5	-	-	5



## GENERAL INSPECTION OF THE AREA

Total number of visits made (including food inspections)	2,740
Number of complaints received and dealt with . . . . .	111

## VISITS AND INSPECTIONS

Bakehouses . . . . .	3
Butchers and Fishmongers . . . . .	103
Cafes . . . . .	72
Camping Sites . . . . .	40
Common Lodging House . . . . .	3
Dairies (including sampling) . . . . .	125
Drainage (including drain testing) . . . . .	148
Factories . . . . .	58
Food Preparing Premises . . . . .	20
Fried Fish Shops . . . . .	4
Grocers and Confectioners . . . . .	132
Greengrocers . . . . .	36
Housing (Public Health and Housing Acts) . . . . .	160
Hotels . . . . .	11
Ice Cream (re sale of) . . . . .	17
Infectious Disease . . . . .	7
Market . . . . .	139
Miscellaneous . . . . .	202
New Buildings . . . . .	82
Meat Inspection (Grange Slaughterhouse) . . . . .	605
Privies and Cesspools . . . . .	17
Refuse Dumps re Flies and Rodent Control . . . . .	54
Rodent Control . . . . .	531
Sewage Works re Rodent Control . . . . .	18
Schools . . . . .	6
Shops (Shops Act) . . . . .	48
Water Supply (including sampling) . . . . .	102

## SUMMARY OF WORK CARRIED OUT UNDER PUBLIC HEALTH AND HOUSING ACTS

### 1. Inspection of dwelling houses during the year:-

(1)(a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) . . . . .	77
(b) Number of inspections for the purpose . . . . .	160

(2)(a)	Number of dwelling houses (included under sub-heading (1) above, which were inspected and recorded under the Housing Consolidated Regulations, 1925 . . . . .	70
(b)	Number of inspections made for the purpose . .	124
(3)	Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation . . . . .	4
(4)	Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be, in all respects, reasonably fit for human habitation . . . . .	41

2. Remedy of defects during the year without service of formal notices:-

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers . . . . .	25
---------------------------------------------------------------------------------------------------------------------------------------	----

3. Action under Statutory Powers during the year:-

Proceeding under Sections 9, 10 and 12 of the Housing Act, 1957:-

(1) Number of dwelling houses in respect of which notices were served requiring repairs . . . . .	1
(2) Number of dwelling houses which were rendered fit after service of formal notices:-	
(a) By owners . . . . .	nil

Proceeding under Sections 16 & 17 of the Housing Act, 1957:-

(1) Number of dwelling houses in respect of which demolition or closing orders were made . . . . .	3
----------------------------------------------------------------------------------------------------	---

4. Overcrowding:-

No cases of overcrowding were found during the year.

Three certificates of disrepair were in operation at the beginning of the year. In two of these cases the necessary work was carried out and the certificates were cancelled.

In the other case the owner requested the Council to serve notice under Section 17 of the Housing Act, but after due consideration a notice was served under Section 9, the owner appealed against this notice, but before the appeal could be heard the house became vacant, the property was sold, and the new owner-occupier has carried out the necessary work to remedy the defects.



## INSPECTION AND SUPERVISION OF FOOD

### MILK

The Food and Drugs Act, 1944, which came into force on the 1st October, 1949, places the responsibility for the supervision of the retail dairies and distributors on Local Authorities.

Under the Milk(Special Designation)(Pasteurised and Sterilised) Regulations, 1949, the licensing of Pasteurising plants is the responsibility of Food and Drugs Authorities. The Hampshire County Council have delegated their functions to the Councils of County Districts.

There are two Pasteurising plants in the district, both functioned very well during the year, all the samples taken complied with the prescribed tests.

The one High Temperature Short Time Pasteurisation Plant has now operated for over ten years without a failure in the Phosphatase Test.

Regular samples were again taken to check the sterilisation of milk bottles. Of 198 bottles tested only 1 was unsatisfactory.

Clean bottles are beneficial to all concerned and there is less souring of milk. The average count per pint bottle of the satisfactory bottle samples was only 20.5 as the accepted standard is 600 per pint bottle, this reflects great credit on the dairymen concerned.

#### Details of Milk Producers and Dealers:-

Number of Retail Purveyors . . . . .	6
Wholesale Dealers . . . . .	1
Licensed Retailers of Tuberculin Tested Milk .	8
Licensed Producers of Pasteurised Milk . . . .	2
Licensed Retailers of Pasteurised Milk . . . .	6
Licensed Retailers of Sterilised milk . . . .	4
Inspections made of Dairies . . . . .	125

#### Details of Sampling

Visits re sampling:- 129

	No. of Samples	Satisfactory	Failed Methylene Blue Test	Failed Phosphatase Test
Pasteurised Milk	99	99	-	-



## MILK BOTTLES

No. of Samples	Satisfactory	Fairly Satisfactory	Unsatisfactory
198	195	2	1

The average count per pint bottle of the satisfactory samples was 20.5.

The Standard laid down by the Public Health Laboratory Service is:-

Mean Bottle Count reckoned as per pint bottle:-

Not more than 600, satisfactory.

Over 600 but less than 2,000, fairly satisfactory.

Over 2,000, unsatisfactory.

## MEAT INSPECTION

The Petersfield Wholesale Meat Company Limited continued the wholesale meat business established on de-control of meat; facilities are available for local butchers to have food animals slaughtered.

The Company sell meat to a large area of Eastern Hampshire, Sussex and Surrey, including Portsmouth, Southampton, Winchester, Farnham, Guildford and Haslemere as well as the immediate neighbourhood of Petersfield.

With the chill room now in use, very little slaughtering on Sundays took place, but evening visits were necessary on many occasions; in many weeks visits on five evenings were made.

Large scale modernisation was carried out to the slaughterhouse towards the end of the year. The slaughter hall has been greatly increased by the inclusion of the site of the old cottage.

A cattle stunning pen has been installed with a bleeding rail and bleeding trough. A mechanical hoist and bleeding rail and trough has been installed for the slaughter of pigs, sheep and calves. In the case of pigs the rail leads to a dehairing machine, and a line system is operated. A modified line system is in operation for cattle.

Modern strip lighting has been installed, but this will have to be increased to comply with the standard laid down in the Slaughterhouse Regulations 1958.

Many of the existing facilities, such as hanging room, lairs, and mens accommodation, already comply with the regulations.

The chill room is an additional facility which is not required by law, but has proved a most valuable asset.

One hundred per cent inspection of all carcasses and offal is being maintained, and it is very necessary as meat is sent to so many other districts. To maintain this standard of inspection means many evening visits, but since the chill room was constructed hardly any slaughtering is done Sundays.

The number of animals slaughtered continues to increase, in the case of pigs the increase was 2,239.

Cysticercus Bovis - Seven cases of this disease were discovered during the year, all were single cysts; three occurred in the heart and four in the head of the infected animals.

#### TUBERCULOSIS

Hampshire and West Sussex are now a Tuberculin Eradicated Area, all reactors are sent in for slaughter. The incidence of Tuberculosis in cattle has shown a great decline in recent years, the figures for 1951 were - cattle 6.25%, cows 31.85%, whereas for 1958 there were - 1.20% for cattle and 0.90% for cows. The figures for cows are, perhaps, a little misleading as in 1951, under Ministry of Food control, more old cows were slaughtered than in 1958.

#### SWINE FEVER

Swine Fever was not so prevalent as in 1951, but there were still a number of cases sent in for slaughter.

#### EMERGENCY SLAUGHTER

Animals can still be sent in by farmers for emergency slaughter at their own risk. More of the condemned carcasses were of animals slaughtered in this way.



MEAT INSPECTED AND CONDEMNATIONS					
Details of Inspections	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected	1742	443	1562	1917	10166
All diseases except Tuberculosis - whole carcasses condemned	5	12	20	24	31
Carcasses of which some part or organ was condemned	178	39	9	41	1625
Percentage of the number inspected affected with disease other than Tuberculosis	10.53	11.28	1.85	3.22	16.28
Tuberculosis only - whole carcasses condemned	4	1	-	-	1
Carcasses of which some part or organ was condemned	17	3	-	-	76
Percentage of the number inspected affected with Tuberculosis	1.20	0.90	-	-	0.75



# CONDEMNATIONS

## DISEASES IN FOOD ANIMALS - CATTLE

DISEASES	Whole Carcases and all Offal	Hind Quarters	Fore Quarters	Other part Carcases	Livers	Part Livers	Lungs	Heads and Tongues	Hearts	Spleens and Skirts	Tripes and Guts	Udders
Abscesses	No lbs	no lbs	no lbs	no lbs	no lbs	no lbs	no lbs	no lbs	no lbs	no lbs	no lbs	no lbs
Actinomy-												
cosis								1 32				
Angioma					15 220							
Bruising		2 256	1 111	2 148								
Cysticer-												
cus Bovis									7 41			
Distomat-												
osis					135 1542	249 1743						
Dropsy	1 488	2 242										
Yew												
poisoning	1 680											
Hydatid												
Cysts							2 22					
Mastitis												26 540
Fever	4 1612											
Acute												
Pleurisy							6 66					
Septicae-												
mia	11 6643											
Tubercul-												
osis	5 2774	1 124	1 120	1 78	1 15		11 114	5 160		2 6		
Totals	22 12197	5 622	2 231	3 226	202 2537	249 1743	25 284	19 570	7 41	2 6	20 730	26 540

# CONDEMNATIONS

DISEASES	DISEASES IN FOOD ANIMALS											
	CALVES				SHEEP				PIGS			
	Carcases No lbs	Heads No lbs	Plucks No lbs	Carcases No lbs	Part Carcases No lbs	Livers No lbs	Carcases No lbs	Part Carcases inc. Heads No lbs	Plucks No lbs	Lungs No lbs	Livers No lbs	
Abscesses		4 48	4 20	1 58	2 28	16 33	6 582	18 360				
Bruising				6 182				6 353				
Cirrhosis												
Distomatosis						12 24						236 929
Oedema				10 56								
FeFever Acute	2 80			5 291			1 300					
Immature	5 135								32 576			
Inflamation												
Jaundice	3 124											
Joint Ill	2 85											
Pleurisy									256 512			
Septicaemia	3 132			10 575			11 1069					
Tuberculosis							1 106	76 1140		902 1860		
Pneumonia												
Emaciation	3 92						1 180					
Erysipelas							5 683					
Swine Fever							6 450					
Dead on Arrival	2 88			1 52			1 75					
	20 736	4 48	4 20	24 1164	2 28	28 57	30 3445	100 1833	288 1088	902 1860	236 929	



# CONDEMNATIONS

## DISEASES IN FOOD ANIMALS - CATTLE

DISEASES	Whole Carcases and all Offal	Hind Quarters	Fore Quarters	Other part Carcases	Livers	Part Livers	Lungs	Heads and Tongues	Hearts	Spleens and Skirts	Tripes and Guts	Udders
Abscesses	No lbs	no lbs	no lbs	no lbs	no lbs	no lbs	no lbs	no lbs	no lbs	no lbs	no lbs	no lbs
Actinomy-												
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poisoning	1 680											
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mia	11 6643											
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osis	5 2774	1 124	1 120	1 78	1 15		11 114	5 160		2 6		
Totals	22 12197	5 622	2 231	3 226	202 2537	249 1743	25 284	19 570	7 41	2 6	20 730	26 540

# CONDEMNATIONS

## DISEASES IN FOOD ANIMALS

DISEASES	CALVES			SHEEP			PIGS				
	Carcases No lbs	Heads No lbs	Plucks No lbs	Carcases No lbs	Part Carcases No lbs	Livers No lbs	Carcases No lbs	Part Carcases inc. Heads No lbs	Plucks No lbs	Lungs No lbs	Livers No lbs
Abscesses		4 48	4 20	1 58	2 28	16 33	6 582	18 360			
Bruising				6 182				6 353			
Cirrhosis											236 929
Distomatosis						12 24					
Oedema				10 56							
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Swine Fever							6 450				
Dead on Arrival	2 88			1 52			1 75				
	20 736	4 48	4 20	24 1164	2 28	28 57	30 3445	100 1833	288 1088	902 1860	236 929



## Food Premises.

The following table shows the number of different types of food premises in the district.

Butchers and Food Preparing Premises (Registered Section 16, Food and Drugs Act, 1955)		6
Grocers		22
Greengrocers		6
Fishmongers		3
Confectioners and Sweets		11
Food Hawkers		3
Cafes		17
Hotels serving meals		5
Other Hotels		14
School Canteens		6
Factory Canteens		1
Bakehouses		2
Fried Fish Shops		2
Slaughterhouse		1
Dairies		7
Clubs		3
Chemists		4
Ice Cream (Registered Premises, Section 16)	Sale of	24
	Manufacture of	nil

The following foodstuffs were voluntarily surrendered and condemned:-

Haddock	21 lbs.	
Prawns	41 lbs.	
Ham	8 tins	(Blown)
Meat	2 "	"
Fish	5 "	"
Vegetables	5 "	"
Soup	2 "	"
Milk	2 "	"
Fruit	28 "	"
Ox Tails	28	(Decomposed)
Spleens	15	"

## ADULTERATIONS

The law relating to the composition of food and drugs is administered by the County Council. The Food and Drugs Act, 1955 places restrictions on the addition of other substances to any food constituents. Probably the most important section in Part I of the Act is section 2, which relates to the sale of food and drugs which are not of the nature, substance or quality demanded by the purchaser.

Most of the prosecutions which arise are in respect of offences under this section.

Report of the Chief Sampling Officer relating to the samples of Food and Drugs, taken in Petersfield Urban District during the year 1958/1959.

1. "I beg to report that during the year ended the 31st March, 1959, 59 samples were procured under the Food and Drugs Act, 1955, within the area of the Petersfield Urban District Council.

2. Milk Samples

The total number comprises 52 samples of milk, including 27 of Channel Islands Milk, all of which proved to be satisfactory.

3. Miscellaneous Samples

7 samples of the various articles other than milk were obtained and were reported to be genuine.

4. During normal visits to traders, attention was given to the provisions of the Labelling of Food Order and the Pharmacy and Medicines Act, in so far as they relate to the marking of ingredients and other particulars which are required to be furnished with certain food and medicines.

5. It should be appreciated that in connection with pre-packed articles, which now form a very high proportion of the food and drugs sold by retailers, these are distributed over wide areas and duplication of sampling of such articles in the various Districts of the County is avoided as far as possible. Products of this type are, of course, not readily subject to interference after packing and, except as regards condition of storage, a single check over a given period is normally sufficient, where the result is satisfactory."

S. PRESTON.

Chief Sampling Officer.

New Road,  
BASINGSTOKE.



# FACTORIES ACT, 1937

## Part I of the Act.

### 1. Inspections in connection with health

Premises	Number on Register	Inspections	Number of written Notices
(1) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	13	6	-
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	45	17	-
(3) Other premises in which Section 7 is enforced by the Local Authority	5	5	-
	63	56	-

### Cases in which DEFECTS were found:-

	<u>Found</u>	<u>Remedied</u>
Want of cleanliness . . . . .	-	-
Sanitary conveniences unsuitable or defective . . . . .	4	4
Not separate for sexes . . . . .	-	-

Mr. A. N. Jones is H.M. Inspector of Factories for the Portsmouth District which includes Petersfield Urban District. His address is:-  
2 - 4 Fawcett Road, Southsea; Telephone: Portsmouth 34395.

